

DISCLOSURE CONCERNS: THE STIGMA OF ATTENTION DEFICIT HYPERACTIVITY DISORDER IN WRITING CENTERS

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Introduction

Despite widespread research regarding Attention Deficit Hyperactivity Disorder (ADHD) in general education, little research exists connecting this medical phenomenon to writing center pedagogy. A 2008 report by the United States Government Accountability Office found that “the most commonly reported type of disability among US college students was mental, emotional, or psychiatric illness or depression (24%). The second most common was Attention Deficit Disorder (19%), with mobility impairment coming in third (15%)” (qtd. in Babcock 39). Thus, writing centers can expect to encounter writers with ADHD, but the diagnosis remains unexplored when it comes to tutoring situations and how we might best support writers with ADHD. We address this absence in the research by applying disability studies scholarship to an exploration of disclosure concerns and stigma.

Many writers with ADHD bring numerous strengths to their writing (Lewis and Alden 116-117). We do not argue that all writers with ADHD should attend writing centers, but that the increase in students with ADHD on college campuses means we will encounter students with a diagnosis whether individuals choose to disclose or not. Additionally, our focus on ADHD is rooted in Savannah’s experiences as a peer tutor with ADHD assisting writers who have disclosed a diagnosis over the course of a one-hour session or a semester of weekly consultations. From this experience, we acknowledge that tutors with ADHD may also be affected by stigma. However, accommodating writers is our primary focus, so we must educate ourselves on ADHD discourse, as well as other disabilities, so we avoid misperceptions and support our writers as much as possible.

ADHD and Disability Studies

To avoid misperceptions, the medical definition outlined by the 5th edition of the *Diagnostic and Statistical Manual (DSM)* defines ADHD as a neurobiological disorder manifested by inattention and/or hyperactivity/impulsivity that is often associated with poor performance in school or work

and difficulty maintaining continuous effort toward a certain task. Individuals receive the diagnosis after displaying the symptoms listed in the DSM-5 for more than six months and experiencing impairment in daily activities. Individuals with ADHD frequently experience anxiety and depression (65). This definition provides insight into how psychologists view ADHD as a medical condition with a biological basis.

This medical definition is useful for understanding the validity of the diagnosis, but is not useful in the educational sense because we are not approaching ADHD from a medical standpoint. Some argue the DSM medical perspective transforms certain, other than “normal,” thought processes and differences in learning into symptoms (Rinaldi 9), which demonstrates a societal perspective for approaching ability. Analyzing the social and medical perspective is the basis of Disability Studies (DS), a discourse holding multiple insights for the writing center. The discourse of DS focuses on how disability was originally constructed as an institutionalized category displacing people with disabilities to the margins of society. In addition, DS aims to “weave disabled people back into the fabric of society, thread by thread, theory by theory” (Linton 518).

Karen Rowan urges us toward a new understanding of disability in the writing center with her review article on “Disability Literacy” (DL). She defines DL as:

The ability to read the narratives and rhetorics of disability critically, informed by Disability Studies (DS); to discern the ethics of representation embedded in such narratives and rhetorics; to read physical spaces, material realities, and the actions of self and others for the ways that they (dis)able access to individuals with diverse bodies and abilities; and to identify, name, and counter ableist ideologies, semantics, and practices. (176)

This understanding of DL approaches the foundation of DS pedagogy, where disability is not viewed as an individual issue, but a societal construct of ableist ideologies. In this way, writing centers can work towards an inclusive philosophy of welcoming all

individuals, while challenging social norms and systematic -isms (Daniels, Babcock, & Daniels 20-26), including ableism, racism, sexism, classism, and more. Thus, “this [social] model puts pressure on the university to effect structural and cultural changes that will ultimately make it more accessible and inclusive” (Daniels, Babcock, & Daniels 21), rather than putting pressure on the student to change.

Disclosure, the Effects of Stigma, and Strategies

Disability Studies also complicates our understanding of disclosure in the writing center. Whether or not a writer should disclose a disability to a tutor is highly debated in current literature on disability. Babcock (“Disabilities in the Writing Center”) and Daniels, Babcock, and Daniels (“Writing Centers and Disability”) suggest that frustration results from lack of disclosure. Alternatively, Rinaldi argues that disclosure is not necessary, but sessions should encourage the writer and the tutor to assert their needs (“Disability and the Writing Center” 8-13). She emphasizes that a writing center session is a meeting between two people, “each with their own individual preferences and ability levels” (“Navigating Disability Disclosure”). Disclosure is not essential and should always be up to the person with the disability.

Many factors influence whether or not an individual discloses, where choosing not to disclose may result from the fear of stigma, prejudice, or misperceptions from the tutor (Waite and Tran 247-259). The sociologist Erving Goffman describes stigma as a personal attribute that may be described as a “failing” or “handicap.” As a result, the individual is “reduced in our minds from a whole and usual person to a tainted, discounted one” (3). Fuermaier et al. infer that the public sometimes perceives the typical manifestations of ADHD as deviant behavior, a behavior or condition that violates social norms (1). Students visiting the writing center bring expectations of educational and behavioral standards from other educational settings, similar to the expectations tutors may have for writing center sessions (Lerner & Gillespie; Daniels, Babcock, & Daniels). Any difficulties may be perceived as personal for the individual to manage and change, rather than as the result of how society disadvantages that individual (Linton). Skepticism of ADHD includes the perceived misuse of medication and a denial of the validity of the condition in its entirety (Bussing and Mehta 18). We argue this concept of stigma must be considered as an aspect influencing disclosure.

We are not arguing whether or not a writer should disclose, but that tutors need to be trained on how to respond to disclosure in a way that does not reinforce

stigma. Daniels, Babcock, and Daniels suggest disclosure is necessary to develop accommodations for a writer despite the discomfort tutors may feel surrounding the information (22). In contrast, Rinaldi argues that accommodations or strategies in response to disclosure is the wrong approach because the focus is placed on the actions of the tutor, rather than the writer (11). She claims responding to disclosure with pre-determined strategies places too much focus on overcoming a disability, rather than acknowledging disability as just an aspect of identity (10). She recommends letting the writer distinguish their needs (11-12), but what if writers do not know what they need in a session? Rinaldi’s recommendation expects a large amount of agency from the writer, despite differences in educational backgrounds. Her approach works for writers previously equipped with the skills and language necessary to communicate their specific needs, but what about writers without such background who may already feel disadvantaged?

With the stated prevalence of ADHD on college campuses, we must analyze how the social and medical perspectives of disability influence our work in the writing center. Disability studies provides a framework for this analysis that takes the “difference” off of an individual, and places pressure on challenging institutional disability models. In a collegiate setting, a novel aspect of disclosure and stigma research could provide conclusions on how to promote “disability literacy” in tutor training, potentially improving the quality and benefit of tutoring for students with ADHD.

Exploratory Study Methods

This exploratory study uses interviews with student writers diagnosed with ADHD and writing center peer tutors at a small liberal arts college. This study was approved by the college’s Institutional Review Board, and signed consent was obtained prior to all interviews with an understanding of potential risks and zero compensation. Some interview questions were developed from Lewis and Alden (141-146), but other study-specific questions were added. In all interviews, pre-listed questions were used and the term “stigma” was avoided to discourage bias in responses. Out of the nine peer tutors working at the writing center, Savannah interviewed seven. Student interviewees were recruited by a campus-wide email. From the responses, interviews were conducted by Savannah with four students diagnosed with ADHD. Tutor interviews lasted approximately 10-20 minutes, while interviews with students with ADHD were approximately 40-60 minutes. The interviews were

recorded on a smartphone app and deleted after being transferred to a password-protected computer for storage and transcription.

The small sample size of student interviews does not provide conclusive evidence about the effects of perceived ADHD stigma on disclosure concerns in tutoring. However, on a small campus, we can begin to explore the potential and importance of future research on this topic. The seven tutors interviewed provide a more representative sample of the writing center tutoring staff. The interviews were transcribed and coded for themes of definition of ADHD, disclosure concerns, stigma, and tutor strategies according to methods described by Schutt (320-355). Pseudonyms are used for all of the interviewees. The writing center director and a psychology professor provided inter-rater reliability. For the purpose of this study, all interviews will be framed as exploratory. We chose to include some discussion alongside our results, following the ethnographic technique of analytic commentary using interview excerpts to investigate the common themes.

Writer Interviews

Definitions of ADHD

Writer interviews focused on personal definitions of ADHD by those with a diagnosis, awareness of stigma, and decisions to disclose. In defining ADHD, one writer spoke of an inability to focus, while the three other writers said ADHD meant they had the ability to focus on multiple things at once. An excerpt from Chris' interview demonstrates this theme of extended ability:

When I was younger... and I probably got this because people always say train of thought, I had this idea of all these trains going on tracks that were all parallel to each other. I had this idea that most people had one train, you know, and their train would go in a path and everything led to one another. Whereas I felt like I had five trains going at one time, and I could just jump from one train to the other, like I was on top of the train and I would just like jump over... I jump really quickly and I make a lot of connections to things that other people don't... So I have trouble staying in the topic as it's defined by the people around me.

Similar to Chris' five trains, Ricky describes his ADHD as "constant and spontaneous, but relevant thought processes," while Joseph does not think of ADHD as a deficit for similar reasons. These

definitions show the potential strengths in ADHD, while also acknowledging that often a certain topic or singular focus is expected in a classroom situation.

Stigma and Disclosure

A writer's sense of positive manifestations of ADHD did not preclude experiences with stigma around their diagnosis. One writer, Elizabeth, indicated that she had not experienced negative connotations about ADHD on campus, while the other three writers indicated the opposite. They perceived over-diagnosis and misuse of medications as prevalent stigma. Another theme related to ADHD as an excuse for laziness as Ricky states:

I mean a lot people think [the diagnosis] is a way of letting lazy kids get away with being lazy. I have always felt embarrassed about it [ADHD]... [Stigma] definitely affected me in high school; it still affects me. I'm embarrassed to ask professors for more time. I feel guilty, like I should be able to finish the assignment faster... But if I don't speak of [my struggling], no one knows.

This excerpt speaks to a common perception of ADHD as laziness, but Ricky still feels "guilty" about asking for and receiving accommodations. The expectation that he needs to finish assignments faster is representative of the perception of ADHD as a personal problem up to the individual to overcome. This "guilty" sentiment is echoed by Chris when he states, "I feel like it's my fault if I can't get something done on time." Taking this self-blame into account, writers' perceptions of stigma may influence their decision to disclose in a tutoring situation.

None of the writers had disclosed their diagnosis to writing tutors; specifically, Chris connected the influence of stigma with disclosure. When asked about disclosing, Chris responded, "I've definitely gotten '[ADHD] is not a real thing' or the 'you don't have ADHD' before, so I usually don't tell people just because of that." Chris also experienced a lot of discomfort with tutoring in general. He states:

I'm really bad at being tutored... [the tutor] is like, what do you need help on? I'm like, I don't know. I feel pretty solid, but I don't know half the material. I can't point out, this is what I need to work on. Sometimes I can, but it's not a usual thing.

This excerpt demonstrates that Chris does not always know how to communicate to the tutor where he is struggling. He indicates there is an expected way to be tutored that he does not meet.

Similar to Chris, Ricky experienced some discomfort when coming to the writing center:

I was nervous the first time I came to the writing center and just because help writing has always been a touchy subject for me, because I feel like I'm a good writer, in terms of free writing and expressing myself. I feel like I have a lot of trouble with structured writing.

While nervousness may be typical on a first visit, Ricky's anxiety reflects his own self-expectations of good writing, that he should not need tutoring. When asked if he disclosed his diagnosis to tutors, Ricky responded:

Generally, I don't. I like to make light of all of the things that are different with my brain chemistry and things like that, and I sometimes casually mention that I have trouble writing and I have trouble turning things in on time. I mention that pretty frequently but I don't necessarily say, "Hey, I have ADD" because I feel like it's not necessary to the specific assignment.

Ricky thinks his specific writing struggles are more relevant than disclosure, unlike Chris who did not know how to explain where he needed assistance. The term "generally" allows us to infer that sometimes he does disclose his diagnosis. His statement, "if I don't speak of [my struggles], no one knows" reflects how receiving accommodations is up to the agency of the writer. Different experiences may influence how much agency a writer feels comfortable taking, whether that occurs on campus or in the writing center.

Tutor Interview Results

Definitions of ADHD

Tutor interviews also focused on defining ADHD, stigma, and disclosure, with additional questions about tutoring methods for writers with ADHD. In asking tutors to define ADHD, all seven tutors included that people with ADHD have difficulty focusing or paying attention; none mentioned the idea of multiple focus or "trains of thought" that came up in writer interviews. As Xena states, "I do know that it's characterized by a sort of inability to focus on stuff." Derrick was one of several who focused on the medical side: "ADHD is a recognized medical condition that people are diagnosed with and get treated for." Three of the tutors mentioned hyperactivity, and another three acknowledged that they could not define ADHD because they lack the medical expertise.

Stigma and Disclosure

Like writers, tutors spoke of the common stigmatizing perception that ADHD is over-diagnosed and over-medicated. According to Rosalind:

There is a louder voice of people saying that [ADHD] is being over-diagnosed now, and that kids are just being kids, and there's no need to shove medicine down their throat.

The "louder voice" seems to refer to a collective public outwardly opposing the prevalence of ADHD diagnoses. The medicinal aspect signifies the negative perception of medication, specifically in children. The idea that ADHD is primarily a childhood disorder is another misperception of ADHD. Similarly, four tutors perceived that some people do not always think ADHD is a real condition or diagnosis. One tutor described an experience in a high school course where a student disclosed an ADHD diagnosis in front of her class and teacher. As Xena communicated, "our English teacher said [ADHD] doesn't exist, that's not a real thing." She continues with her experience at this college:

I think that the mentally ill community [at this college] is pretty open and pretty straightforward. I think you would be less likely to be told that ADHD isn't real.

Coming from her experience in high school, Xena thinks that this college has a more accepting view of the diagnosis.

These prevalent forms of stigma may influence an individual's decision to disclose. When asked about the perceptions of ADHD, Carole responded:

I feel like maybe the perception is that [ADHD] is not a problem, or that if students have it, then they have found ways to correct it and it doesn't need to be accommodated and it's kind of on the student to take care of it by themselves.

Carole senses that public attitudes about ADHD place the responsibility of receiving accommodations on the individual rather than having institutions approach education with an inclusive model that provides more freedom and support for individuals with learning differences. This stigma can be connected to an individual's decision to disclose when necessary to receive accommodations.

Tutor interviews indicated that disclosure of ADHD was uncommon in the writing center. Corroborating the rareness with which writers expressed disclosing to tutors, only two of the seven tutors interviewed for this study had worked with writers who disclosed. One tutor mentioned that the disclosure made them anxious about being able to help the writer with their paper sufficiently.

I remember that maybe 2-3 people told me they had ADD or ADHD. I remember feeling nervous that I wasn't going to help them well enough. I definitely think that information did make me more nervous, but I think that also I was new to the [writing center staff], and every session was making me nervous anyway. I don't remember ever having a session where someone disclosed something that went terribly afterwards.

Kai's anxiety surrounding a session where a writer disclosed indicates how first-year tutors may be more nervous about working with writers with a learning difference. Kai's anxiety surrounding their own ability to sufficiently help the individual signifies the belief that writers with ADHD need more, or different, help. This belief may stem from the literature on learning difference and the lack of literature on ADHD used in tutor training.

The other tutor who had worked with writers who disclosed seemed to have the most experience with working with writers with ADHD. Over the course of the interview, Claire discussed working with a writer who had disclosed a diagnosis to her and was coming in for a session once a week. On the general topic of disclosure, Claire stated:

I think there are a few different people who have told me that they have ADHD. And usually it's like someone will come in and will just kind of be like, "Oh I have ADHD...." I feel like a lot of the time, they are apologizing for stuff at the beginning of the session that they don't need to apologize for. Or that I wouldn't have noticed otherwise. It's just like one of those things that people say before we get started like, "I want to tell you now," and I am like "it's fine."

Here, Claire identifies how she responds to writers who apologize for their ADHD even before she notices anything to be concerned about; she attempts to calm their anxieties, as she would if they were apologizing for any other perceived weakness.

Tutoring Methods

Tutors were asked how they had tutored or would tutor a writer with ADHD, and if they had not tutored anyone who had disclosed, they were asked how they would tutor someone who seemed to have attentional difficulties. They responded in line with their primary definition of ADHD as involving difficulty focusing. However, there was a range of responses--from the majority who would support writers to maintain a singular focus to a minority who were open to what

one tutor called "indulging in tangents." The majority response is best seen in Joan's explanation of how she would approach such a session:

Joan: I guess it would just be having to kind of like reign them in every now and again, and sometimes when I'm listening to them speak, it's like they're not finishing full sentences. It's like they'll get excited by another subject or topic, and then they'll kind of abandon that thought process and go to another one, but I feel like I have to stop them in the middle to fully develop the first one.

Savannah: So how would you describe how you stop them?

Joan: I guess just acknowledge when they're on another kind of tangent or just another thought process politely interrupting them and then asking if we could return to the first one and finish that thought out before we move on because I don't think it's beneficial to jump around. So just being polite about it and recognizing that these are really great ideas but let's just focus on the first one for now. I will write the idea down and then fully explore that next.

Joan's response that she would "reign in" the writer suggests that she sees her role as a tutor to help the writer focus on one idea at a time, a stance consistent with tutors' general awareness of the attention-deficit aspect of ADHD. She also suggests that her approach is to keep a fair amount of control over the content of the session and to keep track of ideas for the writer.

Claire, who had worked with writers who had disclosed, expresses a somewhat looser response. Claire also mentions the prevalence of "tangents" in these sessions, but explores how a tangent might benefit a session.

With [one of my weekly writers who has ADHD] I've found some of my challenges of working with her include returning to the subject we were originally talking about. We just have a very conversational relationship so we can kind of get off on tangents. If we go off on a tangent, I don't try to shut it off right away. I try to indulge it so that she feels comfortable and then return back because I don't want to be like 'hey, you made a joke, you shouldn't do that when we're talking about your paper.' But it's that balance of being conversational and making people feel comfortable with you, but also

finding a way to return to whatever topic you're working on.

Like Joan, Claire sees her role as restoring focus to the session; however, she also “indulges” tangents as a way of making the session more comfortable--attending to the emotional content of a session as well as the ideas.

Carole had a unique approach to tutoring methods among the tutors. Her positionality to the topic was also unique in that she expressed she thought she had ADHD but had never been diagnosed, and had close family members with ADHD. Whereas the other tutors spoke of tutoring as guiding the writer's focus among topics, Carole spoke of guiding the writer's focus to the session at hand, or keeping the writer from “zoning out.”

I think I would try to pay close attention to whether or not they were feeling focused, and not try to come on too strong... because I know some people with ADHD if you over stress something, it can be really hard for them to engage. So I would kind of try to maybe fall back a little bit, and pay close attention to when I felt like they were engaging and when they were zoning out, and try to bring them back, but not coming on too strong.... If you provide too much structure.... it can kind of cause the student to zone out, and not pay as close attention, cause it's a lot of pressure.

Where Joan reigned in and Claire indulged tangents before returning to the topic at hand, Carole indicates a comfort level with letting go some control of the session. She “falls back a little bit” when she sees a writer's attention stray, and she explains she does this because of her knowledge of what people with ADHD find helpful.

Discussion of Findings and Implications for Tutor Education

Starting with different definitions of ADHD between writers and tutors, we begin to see some of the contrasting conceptualizations from this exploratory study. While tutors defined ADHD based on the inability to focus, three of the writers defined ADHD around the ability to focus on multiple “trains of thought,” or “constant and spontaneous, but relevant thought processes.” This finding is consistent with a social perspective on disability, which reminds us that conditions are disabling in a particular social context, in this case the context of US college writing, which prioritizes focus through the requirement of a linear, thesis-driven argument. At the same time, we

must also consider the perspective of the writer with ADHD who saw the condition in terms of its negative impact on her studies, as well as the perspective of experienced peer tutors who seek to support writers in argumentative writing by working with them to complete their sentences and keep track of their ideas. For these participants in the Writing Studio, a deficit in attention appears to interfere with desired success.

If ADHD were just seen in terms of trouble focusing, then writers and tutors might make quick work of choosing tutoring methods; they could openly discuss the options of “reigning in,” “indulging in tangents,” or “falling back a bit,” and see what works best in any given session. They could work together to name the advantages and disadvantages of each strategy, and deploy them accordingly--perhaps reigning in when the due date is rapidly approaching or the writer seems overwhelmed, indulging in tangents when the assignment demands creative thinking and time allows, or falling back a bit when the writer stops engaging.

However, the prevalence of stigma around ADHD means successful tutoring does not simply come down to finding strategies to manage attention. Stigma interferes with tutoring because it paints some writing and thinking tendencies as flawed, and some writers as “not good at being tutored,” to use Chris' words. Students with ADHD and their tutors have been exposed to people, including teachers, thinking the condition is not real, that it is over-diagnosed, and that it is over-medicated. Though some felt that their college campus was more accepting of ADHD than previous environments, others felt that medication was more stigmatized on campus. Interviews also revealed a misperception that ADHD is primarily a childhood diagnosis. All participants framed ADHD as an individual matter, and both a writer and a tutor mentioned that the common expectation is that people with ADHD will take care of it themselves.

These ideas about ADHD appear to create a climate in which disclosure in tutoring is uncommon--why disclose something whose existence you may have to defend, to a peer or teacher who may react by advising you to go take care of it and then come back? While several writers had disclosed to faculty members, none remembered disclosing to tutors, and only two of the seven tutors remembered having writers disclose to them. Perhaps disclosure is not necessary; Rinaldi argues that instead of recommending disclosure we should focus on the whole writer and what they communicate as their specific needs. In this way Ricky approached tutoring; he let the tutor know he had trouble writing and

turning things in on time, but did not feel it was relevant to say he had ADHD.

On the other hand, in our experiences many writers, especially those who are new to college writing or new to the writing center, struggle to communicate their specific needs in sessions, and we believe more knowledge and open communication about ADHD could make a difference. When asked, “What do you need help with?” Chris explains, “I can’t point out, this is what I need to work on; sometimes I can, but it’s not usual.” What if Chris was able to share with his tutor his experience with “trains of thought” and they were able to make intentional decisions together about how to deal with those trains of thought in the session? Such a productive path would be more possible in a writing center where disability literacy is a focus of tutor education. In our view, ADHD literacy would include the following: an array of definitions--medical, social, deficit-focused, and ability-focused; examination of associated stigma and the effects of stigma; an exploration into why some people choose to disclose and some do not; guidance and practice in creating conditions where students with ADHD can be successful, regardless of whether they disclose; and guidance and practice in responding to disclosure. Education in tutoring methods could include how habits related to ADHD can both enhance and hinder a writing process. In an ideal tutor education program, ADHD literacy would be one piece of a larger curriculum focused on identity and intersectionality, and tutoring methods for ADHD would be consistent with an overall focus on dialogue and flexibility within the tutoring relationship.

Our hope is that tutor education around disability literacy can lead to successful writing center sessions for both tutors and tutees, as well as a writing center space that is overall more validating of a range of students’ experiences. We hope students become more confident and secure in advocating for themselves to other educators on campus, possibly challenging stigma and ableism in their institution. In our view, an important goal of education is to move people toward a larger, more nuanced, connected perspective with a variety of viewpoints. If a writer has an aptitude for making connections, we can find ways to direct this skill toward what they want to communicate in their writing. Then, as a range of writers feel that their strengths are validated in the writing center, as they disclose and are met with understanding and support instead of stigma, they will spread the word.

Appendix A

Interview Questions for Writing Center Tutors

Have you been diagnosed with ADHD, identify as having ADHD, or think you have ADHD?
Yes____No____

1. Definition

- a. How would you describe Attention Deficit Hyperactivity Disorder?
- b. Could you describe how you think the public, specifically at this college, perceives ADHD?

2. Tutoring Sessions

- a. Has any writer ever disclosed their ADHD diagnosis before a tutoring session? Or have you ever worked with a writer you know has ADHD?
 - i. If yes, could you please describe an experience or experiences?
- b. How do you think you might approach tutoring a writer with ADHD? What tutoring strategies might be beneficial? (i.e. explicit teaching, structured sessions, splitting up tasks...)
- c. Have you ever expected that a writer might have attentional difficulties? Could you describe the experience or experiences?
- d. Have you ever used end of session reflection as a method for determining what tutoring strategies work with a returning writer?

Appendix B

Interview Questions for Student Diagnosed with ADHD

Have you been diagnosed with ADHD, identify as having ADHD, or think you have ADHD?
Yes____No____

1. History

- a. Have you ever been to the Writing Center on Campus?
- b. If so, could you please describe the experience?
- c. Have you found academic support from places on campus and could you describe some similarities and differences between them?
- d. Could you describe the role ADHD has played in your education?

2. Stigmatization

- a. How would you define Attention Deficit Hyperactivity Disorder?

- b. Describe how you think the public typically views ADHD.
- c. Describe how you think your peers typically view ADHD?
- d. Describe how you think teachers or professors typically view ADHD?
- e. Could you describe any positive and/or negative connotations? [Note: our findings about writers who defined ADHD in a positive light were based on responses to 2a, prior to this question.]
3. Personal Experience at this College
 - a. What kind of role does writing have in your life?
 - b. If you have had tutors in the past, was there a tutoring structure that you found particularly beneficial? What kind of approaches did the tutor take that you found beneficial?
 - c. How comfortable or uncomfortable are you with writing?
 - d. Could you come up with a metaphor that describes your experience with writing?
 - e. What teaching or tutoring methods have helped or been ineffective?
 - f. Do deadlines help or hinder?
 - g. How conscious are you of your patterns, the process that worked or did not last time you worked on a paper?
 - h. Can you count on pressure and hyper-focusing to produce?
4. Additional Questions
 - a. Do you have professors *aware* of the diagnosis? If so, how did you disclose that information?
 - b. With professors who are aware, have you ever had a negative and/or positive experience that stands out in particular?
 - c. Have you ever had an experience where you feel like others have treated you differently because of your ADHD diagnosis? This might include positive and or negative differential treatment.
 - d. If you have had negative experiences, how did the experiences affect your willingness to tell teachers, professors, and tutors? How you view yourself?

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